

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00006080

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2008

through

02

29

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Gail Clarkson

Signature of Treasurer

Electronically Filed by Ms. Gail Clarkson

Date

03

20

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	9	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		112871.46
(b) Cash on Hand at Beginning of Reporting Period	193140.95	
(c) Total Receipts (from Line 19)	68976.43	166340.99
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	262117.38	279212.45
7. Total Disbursements (from Line 31)	153269.14	170364.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	108848.24	108848.24
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	9	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	66850.00	154725.00
(i) Itemized (use Schedule A)	2126.43	9115.99
(ii) Unitemized	68976.43	163840.99
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	2500.00
(c) Other Political Committees (such as PACs)	68976.43	166340.99
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	68976.43	166340.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	68976.43	166340.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1219.14	2064.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1219.14	2064.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	152050.00	164550.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	3750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	3750.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	153269.14	170364.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	153269.14	170364.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	68976.43	166340.99
34. Total Contribution Refunds (from Line 28(d))	0.00	3750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	68976.43	162590.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1219.14	2064.21
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1219.14	2064.21

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gary Attman

Mailing Address 8028 Ritchie Highway
Suite 118

City	State	Zip Code
Pasadena	MD	21122-1069

FEC ID number of contributing
federal political committee.

C

Name of Employer
FutureCare Health & Mgmt.Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	0	8

Transaction ID: C390835

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Cecil Barcelo

Mailing Address 411 Alabama Ave

City	State	Zip Code
League City	TX	77573-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baywind VillageOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	0	8

Transaction ID: C394264

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Don B. B Bedell

Mailing Address PO Box 1210

City	State	Zip Code
Sikeston	MO	63801-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Facilities Mgmt Co.Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	6	/	2	0	0	8

Transaction ID: C390216

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Don C. C Bedell

Mailing Address 731 North Main Street
PO Box 1210

City State Zip Code
Sikeston MO 63801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Facilities Mgmt Co-
rp

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: C390212

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Harold Beebe

Mailing Address 14 Northtown Dr
Ste 202

City State Zip Code
Jackson MS 39211-3018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Delco Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 1 / 2 0 0 8

Transaction ID: C391305

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jim Birchem

Mailing Address 211 1 st Street SE

City State Zip Code
Little Falls MN 56345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eldercare of Minnesota

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 4 / 2 0 0 8

Transaction ID: C392591

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lane Bowen

Mailing Address 680 South Fourth Street

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare

Occupation

EVP & President, Health Services Divis

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 8

Transaction ID: C391977

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Timothy J Boyle

Mailing Address 4412 Applewood Avenue

City

Sioux City

State

IA

Zip Code

51106-3602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Care Center Mgmt Co

Occupation

Chief Operating Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: C390217

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Gregory Chambery

Mailing Address 100 Daniel Drive

City

Webster

State

NY

Zip Code

14580-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maplewood Nursing Home

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 8

Transaction ID: C391983

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Don Chensvold

Mailing Address 4080 1st Avenue NE
PO Box 5428

City State Zip Code
Cedar Rapids IA 52402-3160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care of Iowa Inc

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 8

Transaction ID: C392046

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Steven E. Chies

Mailing Address 8624 Mississippi Blvd NW

City State Zip Code
Coon Rapids MN 55433-5968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benedictine Health System-
Cambridge

Occupation
VP, Long Term Care Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: C390220

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Gerald Cox

Mailing Address PO Box 7728

City State Zip Code
Rocky Mount NC 27804-0728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Autumn Corp

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 0 8

Transaction ID: C393804

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

4050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Hap Cursey

Mailing Address 531 Stevenson Ln

City

Towson

State

MD

Zip Code

21286-7607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holly Hill Manor

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	0	8

Transaction ID: C394479

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Michael D'Arcangelo

Mailing Address 200 Dryden Road
Suite 2000

City

Dresher

State

PA

Zip Code

19025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Complete Healthcare Resou-
rces

Occupation

Senior Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	0	8

Transaction ID: C390843

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Paul Diaz

Mailing Address 680 S 4th St

City

Louisville

State

KY

Zip Code

40202-2407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred HealthCare

Occupation

Sr Vice President/CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	4	/	2	0	0	8

Transaction ID: C390844

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Paul Diaz

Mailing Address 680 S 4th St

City

Louisville

State

KY

Zip Code

40202-2407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred HealthCare

Occupation

Sr Vice President/CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 8

Transaction ID: C394477

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Tripp Francis

Mailing Address 102 Woodchase Park Drive

City

Clinton

State

MS

Zip Code

39056-4113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Mission of Clinton
LLC

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 0 8

Transaction ID: C392679

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Tripp Francis

Mailing Address 102 Woodchase Park Drive

City

Clinton

State

MS

Zip Code

39056-4113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Mission of Clinton
LLC

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 0 8

Transaction ID: C392698

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Tripp Francis

Mailing Address 102 Woodchase Park Drive

City

Clinton

State

MS

Zip Code

39056-4113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Mission of Clinton
LLC

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: C394617

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Jim Gilliam

Mailing Address 1132 Oakland Trce NE

City

Atlanta

State

GA

Zip Code

30319-2685

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beverly Enterprises

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: C394624

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Patricia Giorgio

Mailing Address Patricia Giorgio/ Evergreen Estate
3410 12th Ave SW

City

Cedar Rapids

State

IA

Zip Code

52404-1307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evergreen Estates

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: C394907

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James Gomez

Mailing Address 2201 K Street

City

Sacramento

State

CA

Zip Code

95816-4922

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Association of Health
Facilities

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: C390224

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jon Howell

Mailing Address 334 Fountainhead Drive

City

Jefferson

State

GA

Zip Code

30549

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Health Care Assoc-
iation

Occupation
State Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: C394625

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Richard Kase

Mailing Address 5125 Pine Rocklands Avenue

City

Lithia

State

FL

Zip Code

33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cypress Healthcare

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: C390223

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Francis P. Kirley

Mailing Address 1430 Progress Way
Ste 108

City State Zip Code
 Sykesville MD 21784-6484

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nexion Health, Inc.

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 8 / 2 0 0 8

Transaction ID: C390829

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Marian Kirley

Mailing Address 1430 Progress Way

City State Zip Code
 Sykesville MD 21784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nexion

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 8 / 2 0 0 8

Transaction ID: C390830

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Peter J. Licari

Mailing Address 200 Dryden Road
Suite 2000

City State Zip Code
 Dresher PA 19025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Complete Healthcare Resources

Occupation
President/ Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 4 / 2 0 0 8

Transaction ID: C390842

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

11250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Christian Mason

Mailing Address 9375 SW Commerce Circle, Ste. A1

City

Wilsonville

State

OR

Zip Code

97070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vigilan, Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 8

Transaction ID: C391157

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Michael McBride

Mailing Address 101 Grace Dr

City

Easley

State

SC

Zip Code

29640-9088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Management Resources

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: C390219

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Michaela Miller

Mailing Address 20023 SW Corrine Street

City

Beaverton

State

OR

Zip Code

97007-8637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avamere Health Services

Occupation

Shareholder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: C390214

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Richard Miller

Mailing Address 3611 Glenfield Ct

City

Louisville

State

KY

Zip Code

40241-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Golden Ventures

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: C390221

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Rick Miller

Mailing Address 25117 SW Parkway Avenue
Suite F

City

Wilsonville

State

OR

Zip Code

97070-9697

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avamere Health Services,
NC

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: C390213

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

V. Richard Miller

Mailing Address 3594 East US Highway 30

City

Warsaw

State

IN

Zip Code

46580-6720

FEC ID number of contributing
federal political committee.

C

Name of Employer
MMM Invest Inc

Occupation
CEO/CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: C390218

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jay Moskowitz

Mailing Address 2932 Fenton Street

City

Wheat Ridge

State

CO

Zip Code

80214-8116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quality Life Management

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: C390209

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Jay Moskowitz

Mailing Address 2932 Fenton Street

City

Wheat Ridge

State

CO

Zip Code

80214-8116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quality Life Management

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 0 8

Transaction ID: C391146

Amount of Each Receipt this Period

-750.00

C.

Full Name (Last, First, Middle Initial)

Michael A Newton

Mailing Address 1430 Progress Way
Ste 108

City

Eldersburg

State

MD

Zip Code

21784-6484

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nexion Health

Occupation

Director of Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: C394598

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Charles Perry

Mailing Address 4550 West Oakey Boulevard
Suite 99B

City State Zip Code
Las Vegas NV 89102-1599

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nevada Health Care Assn.

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: C390215

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Vanessa Phipps Phipps Henderson

Mailing Address 114 Marketridge Drive

City State Zip Code
Ridgeland MS 39157-6009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Health Care
Association

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: C394229

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Neil L. Pruitt, Jr.

Mailing Address 3945 Lawrenceville Hwy NW

City State Zip Code
Lilburn GA 30047-2817

FEC ID number of contributing
federal political committee.

C

Name of Employer
UHS-Pruitt Corporation,
Inc.

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: C393407

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Matthew Robinson

Mailing Address 10003 Woodloch Forest Dr
Ste 250

City State Zip Code
The Woodlands TX 77380-1920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Mark Group, LTD

Occupation
Managing Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 0 8

Transaction ID: C390840

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Leonard Russ

Mailing Address 40 Keogh Lane

City State Zip Code
New Rochelle NY 10805-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayberry Nursing Home

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: C390222

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Dion Sena

Mailing Address 1301 NE 104th Street

City State Zip Code
Miami Shores FL 33138-2661

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alachua Health Consultants
Inc.

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 0 / 2 0 0 8

Transaction ID: C392042

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

6750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Louis Serra

Mailing Address 2525 Pennsylvania Ave

City

Weirton

State

WV

Zip Code

26062-3634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weirton Geriatric Center

Occupation

Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 8

Transaction ID: C394485

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John Kennon Shea

Mailing Address 1810 Gillespie Way
Suite 212

City

El Cajon

State

CA

Zip Code

92020-0921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kennon S. Shea and Associates

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: C390211

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Ron Taylor

Mailing Address PO Box 100129

City

Nashville

State

TN

Zip Code

37224-0129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Health Care Assn

Occupation

Dir. of Gov't Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 0 8

Transaction ID: C390832

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 44

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dixie Taylor-Huff

Mailing Address 932 East Baddour Parkway

City

Lebanon

State

TN

Zip Code

37087-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quality Care Health Center

Occupation

Administrator/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 8

Transaction ID: C391156

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Jan Thayer

Mailing Address 404 Woodland Dr

City

Grand Island

State

NE

Zip Code

68801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Lodge

Occupation

Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 0 8

Transaction ID: C393802

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Robert Van Dyk

Mailing Address 304 South Van Dien Avenue

City

Ridgewood

State

NJ

Zip Code

07450-5200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Van Dyk Health Care

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 0 8

Transaction ID: C390834

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Marilyn K. Weber

Mailing Address PO Box 386

City

Wellington

State

OH

Zip Code

44090-0386

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weber Health Care Center,
Inc.

Occupation

Superintendent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 8

Transaction ID: C394261

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Barton D. Weisman

Mailing Address 5310 NW 33rd Ave
Ste 211

City

Ft Lauderdale

State

FL

Zip Code

33309-6319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weisman Associates

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: C394627

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Mark Woolpert

Mailing Address 200 S 13th St
Ste 205

City

Grover Beach

State

CA

Zip Code

93433-2263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Compass Health Care

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 0 8

Transaction ID: C391304

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

66850.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BB & T CREDIT CARD

Mailing Address 2200 Wilson Blvd
Ste 200

City Arlington State VA Zip Code 22201-3324

Purpose of Disbursement
CC Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D60593

Date of Disbursement

MM / DD / YYYY
02 / 29 / 2008

Amount of Each Disbursement this Period

937.12

B.

Full Name (Last, First, Middle Initial)

BB & T

Mailing Address PO Box 819
Operations Center

City Wilson State NC Zip Code 27894-0819

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D60592

Date of Disbursement

MM / DD / YYYY
02 / 29 / 2008

Amount of Each Disbursement this Period

282.02

SUBTOTAL of Disbursements This Page (optional)

1219.14

TOTAL This Period (last page this line number only)

1219.14

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) **ANDRE CARSON FOR CONGRESS**

Mailing Address 2527 North Alabama Street

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement
Contributions to federal candidates

Candidate Name
Andre Carson

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 07

Transaction ID: D60140

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial) **BLUE DOG POLITICAL ACTION COMMITTEE**

Mailing Address 6849 Old Dominion Drive
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D60039

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial) **Democratic National Committee**

Mailing Address 1625 Massachusetts Ave, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D60219

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)

21000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Herseth for Congress

Mailing Address PO Box 85352

City
Sioux Falls

State
SD

Zip Code
57118-5352

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Stephanie Herseth Sandlin

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District: 00

Transaction ID: D60058

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

JIM RISCH FOR US SENATE COMMITTEE

Mailing Address 407 W JEFFERSON STREET

City
Boise

State
ID

Zip Code
83702

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Jim Risch

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District:

Transaction ID: D60085

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

JOHN MCCAIN 2008 INC.

Mailing Address PO BOX 16118

City
ARLINGTON

State
VA

Zip Code
22215

Purpose of Disbursement
Contributions to federal candidates

Candidate Name
John McCain

Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D60133

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2300.00

SUBTOTAL of Disbursements This Page (optional)

4300.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Murphy for Congress

Mailing Address PO Box 11721

City
PittsburghState
PAZip Code
15228-0721Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Timothy F. MurphyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 18

Transaction ID: D60059

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	0	8

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

National Republican Congressional Committee

Mailing Address 320 1st St SE

City
WashingtonState
DCZip Code
20003-1838Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D60351

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	0	8

Amount of Each Disbursement this Period

7500.00

C.

Full Name (Last, First, Middle Initial)

ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 45706

City
PhiladelphiaState
PAZip Code
19149Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Allyson Y. SchwartzCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: D60060

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	0	8

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

8750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 45706

City Philadelphia State PA Zip Code 19149

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Allyson Y. Schwartz

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: D60061

Date of Disbursement

02 / 05 / 2008

Amount of Each Disbursement this Period

750.00

B. Full Name (Last, First, Middle Initial)
ANNA ESHOO FOR CONGRESS

Mailing Address PO Box 636

City Annandale State VA Zip Code 22003-0636

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Anna Eshoo

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 14

Transaction ID: D60056

Date of Disbursement

02 / 04 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT ARTUR DAVIS TO CONGRESS

Mailing Address Post Office Box 1845

City Birmingham State AL Zip Code 35201

Purpose of Disbursement
Contributions to federal candidates

Candidate Name
Rep. Artur Davis

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 07

Transaction ID: D60138

Date of Disbursement

02 / 13 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) HOOSIERS FOR HILL	Transaction ID: D60247 Date of Disbursement
Mailing Address PO Box 1071	<div> <div>02</div> <div>21</div> <div>2008</div> </div>
City Seymour State IN Zip Code 47274	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates	<div>3000.00</div>
Candidate Name Rep. Baron Hill	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) HOOSIERS FOR HILL	Transaction ID: D60248 Date of Disbursement
Mailing Address PO Box 1071	<div> <div>02</div> <div>21</div> <div>2008</div> </div>
City Seymour State IN Zip Code 47274	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates	<div>5000.00</div>
Candidate Name Rep. Baron Hill	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) STUPAK FOR CONGRESS	Transaction ID: D60221 Date of Disbursement
Mailing Address 817 Ninth Avenue P.O. Box 156	<div> <div>02</div> <div>20</div> <div>2008</div> </div>
City Menominee State MI Zip Code 49858	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates	<div>1000.00</div>
Candidate Name Rep. Bart Stupak	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN

Mailing Address PO Box 12612

City State Zip Code
San Antonio TX 78212

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Charles A. Gonzalez

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 20

Transaction ID: D60384

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

CHRISTOPHER SHAYS FOR CONGRESS COMMITTEE

Mailing Address 98 East Avenue Rear Building

City State Zip Code
Norwalk CT 06851

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Christopher Shays

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: D60223

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

DAVE CAMP FOR CONGRESS 2008

Mailing Address 5915 EASTMAN AVE. SUITE 100

City State Zip Code
MIDLAND MI 48640

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Dave Camp

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: D60055

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

DREIER FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 505

City
UPLAND

State
CA

Zip Code
91785

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. David Dreier

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 26

Transaction ID: D60054

Date of Disbursement

02 / 04 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MATSUI FOR CONGRESS

Mailing Address 233 Massachusetts Avenue NE
2nd Floor

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Doris Matsui

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 05

Transaction ID: D60065

Date of Disbursement

02 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF CONGRESSMAN GEORGE MILLER

Mailing Address 301 4th St., NE #202

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. George Miller

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 07

Transaction ID: D60281

Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) **RADANOVICH FOR CONGRESS**

Mailing Address 30151 TOMAS STREET

City RANCHO STA MRGRITA State CA Zip Code 92688

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. George P. Radanovich

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 19

Transaction ID: D60218

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial) **HEATH SHULER FOR CONGRESS**

Mailing Address PO Box 97

City Hazelwood State NC Zip Code 28738

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Heath Shuler

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 11

Transaction ID: D60240

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial) **HEATH SHULER FOR CONGRESS**

Mailing Address PO Box 97

City Hazelwood State NC Zip Code 28738

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Heath Shuler

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 11

Transaction ID: D60241

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) **HEATH SHULER FOR CONGRESS**

Mailing Address PO Box 97

City Hazelwood State NC Zip Code 28738

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Heath Shuler

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 11

Transaction ID: D60063

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial) **BARRETT FOR CONGRESS**

Mailing Address P.O. Box 869

City Westminster State SC Zip Code 29693

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. J. Gresham Barrett

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 03

Transaction ID: D60062

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial) **BARRETT FOR CONGRESS**

Mailing Address P.O. Box 869

City Westminster State SC Zip Code 29693

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. J. Gresham Barrett

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 03

Transaction ID: D60154

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BOEHNER

Mailing Address 7908-I2 Cincinnati Dayton Road

City State Zip Code
West Chester OH 45069

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John A. Boehner

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 08

Transaction ID: D60378

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
JOHN HALL FOR CONGRESS

Mailing Address PO Box 274

City State Zip Code
Hopewell Junction NY 12533-0274

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John Hall

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: D60249

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

C. Full Name (Last, First, Middle Initial)
JOHN HALL FOR CONGRESS

Mailing Address PO Box 274

City State Zip Code
Hopewell Junction NY 12533-0274

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John Hall

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: D60250

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

13000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. VOLUNTEERS FOR SHIMKUS

Full Name (Last, First, Middle Initial)

VOLUNTEERS FOR SHIMKUS

Mailing Address PO Box 5458

City
Springfield

State
IL

Zip Code
62705

Purpose of Disbursement
Contributions to Federal candidates

Candidate Name
Rep. John M. Shimkus

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 19

Transaction ID: D60083

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. JOHN SPRATT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

JOHN SPRATT FOR CONGRESS COMMITTEE

Mailing Address POST OFFICE BOX 10986

City
ROCK HILL

State
SC

Zip Code
29731

Purpose of Disbursement
Contributions to federal candidates

Candidate Name
Rep. John M. Spratt, Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 05

Transaction ID: D60136

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

C. COURTNEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

COURTNEY FOR CONGRESS

Mailing Address 38 Risley Road

City
Vernon

State
CT

Zip Code
06066

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Joseph Courtney

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 02

Transaction ID: D60064

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

COURTNEY FOR CONGRESS

Mailing Address 38 Risley Road

City
Vernon

State
CT

Zip Code
06066

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Joseph Courtney

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 02

Transaction ID: D60238

Date of Disbursement

MM / DD / YYYY
02 / 21 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

COURTNEY FOR CONGRESS

Mailing Address 38 Risley Road

City
Vernon

State
CT

Zip Code
06066

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Joseph Courtney

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 02

Transaction ID: D60239

Date of Disbursement

MM / DD / YYYY
02 / 21 / 2008

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

CASTOR FOR CONGRESS

Mailing Address 301 W. Platt Street #385

City
Tampa

State
FL

Zip Code
33606

Purpose of Disbursement
Contributions to federal candidates

Candidate Name
Rep. Kathy Castor

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 11

Transaction ID: D60134

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BRADY FOR CONGRESS

Mailing Address P.O. Box 8277

City State Zip Code
The Woodlands TX 77387

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Kevin Brady

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 08

Transaction ID: D60251

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

DOGGETT FOR US CONGRESS

Mailing Address PO Box 5743

City State Zip Code
Austin TX 78763-5743

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Lloyd Doggett

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 25

Transaction ID: D60385

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF LOIS CAPPs

Mailing Address 38 Ivy St SE

City State Zip Code
Washington DC 20003-4006

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Lois Capps

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: D60226

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

SOUDER FOR CONGRESS INC.

Mailing Address P.O. BOX 40233

City
FORT WAYNE

State
IN

Zip Code
46804

Purpose of Disbursement
Contributions to federal candidates

Candidate Name
Rep. Mark Souder

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 03

Transaction ID: D60139

Date of Disbursement

02 / 13 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

MARK UDALL FOR CONGRESS INC.

Mailing Address 8690 Wolff Court #200

City
Westminster

State
CO

Zip Code
80031

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Mark E Udall

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 02

Transaction ID: D60084

Date of Disbursement

02 / 06 / 2008

Amount of Each Disbursement this Period

750.00

C.

Full Name (Last, First, Middle Initial)

MARK UDALL FOR CONGRESS INC.

Mailing Address 8690 Wolff Court #200

City
Westminster

State
CO

Zip Code
80031

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Mark E Udall

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 02

Transaction ID: D60222

Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

ARCURI FOR CONGRESS

Mailing Address P.O. Box 8508

City
Utica

State
NY

Zip Code
13505

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Michael Arcuri

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 24

Transaction ID: D60244

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

ARCURI FOR CONGRESS

Mailing Address P.O. Box 8508

City
Utica

State
NY

Zip Code
13505

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Michael Arcuri

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 24

Transaction ID: D60245

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

NITA LOWEY FOR CONGRESS

Mailing Address PO Box 271

City
White Plains

State
NY

Zip Code
10605

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Nita M. Lowey

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 18

Transaction ID: D60224

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
FRIENDS OF PATRICK J. KENNEDY INC.

Mailing Address P.O. Box 321

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Patrick J. Kennedy

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 01

Transaction ID: D60057

Date of Disbursement

02 / 04 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
TIBERI FOR CONGRESS

Mailing Address 2021 E Dublin Granville Road

City Columbus State OH Zip Code 43229

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Patrick J. Tiberi

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: D60381

Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL

Mailing Address POST OFFICE BOX 711

City ROCKWALL State TX Zip Code 75087

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Ralph M. Hall

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 04

Transaction ID: D60380

Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
RODNEY ALEXANDER FOR CONGRESS INC.

Mailing Address PO Box 367

City Quitman State LA Zip Code 71268

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Rodney Alexander

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 05

Transaction ID: D60162

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
KLEIN FOR CONGRESS

Mailing Address 21301 POWERLINE ROAD SUITE 204

City BOCA RATON State FL Zip Code 33433

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Ron Klein

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: D60242

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
KLEIN FOR CONGRESS

Mailing Address 21301 POWERLINE ROAD SUITE 204

City BOCA RATON State FL Zip Code 33433

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Ron Klein

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: D60243

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
FRIENDS OF ROSA DELAURO

Mailing Address 49 HUNTINGTON STREET

City State Zip Code
NEW HAVEN CT 06511

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Rosa Delauro

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 03

Transaction ID: D60225

Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address P.O. Box 11519

City State Zip Code
Charleston WV 25339

Purpose of Disbursement
Contributions to federal candidates

Candidate Name
Rep. Shelley Moore Capito

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 02

Transaction ID: D60137

Date of Disbursement

02 / 13 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
PRICE FOR CONGRESS

Mailing Address 1970 Roswell Rd.

City State Zip Code
Marietta GA 30062-3902

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Tom Price

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: D60040

Date of Disbursement

02 / 04 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
THORNBERRY FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 9392

City Amarillo State TX Zip Code 79105

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. William Thornberry

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 13

Transaction ID: D60383

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
CITIZENS FOR ARLEN SPECTER

Mailing Address 255 SOUTH 17TH STREET

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Sen. Arlen Specter

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 00

Transaction ID: D60163

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
REED COMMITTEE

Mailing Address 200 Midway Rd, Ste 168

City CRANSTON State RI Zip Code 02920

Purpose of Disbursement
Contributions to federal candidates

Candidate Name
Sen. Jack Reed

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: D60135

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
TEXANS FOR SENATOR JOHN CORNYN INC

Mailing Address 6850 AUSTIN CENTRE BLVD

City AUSTIN State TX Zip Code 78731

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Sen. John Cornyn

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 00

Transaction ID: D60379

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
PAT ROBERTS FOR SENATE

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530-0433

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Sen. Pat Roberts

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District: 00

Transaction ID: D60053

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Citizens for Cochran

Mailing Address PO Box 22761

City Jackson State MS Zip Code 39225-2761

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Sen. Thad Cochran

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Transaction ID: D60386

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 / 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
SCALISE FOR CONGRESS 08

Mailing Address 3100 Ridgelake
Suite 301

City Metairie State LA Zip Code 70002

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Steve Scalise

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 01

Transaction ID: D60256

Date of Disbursement

02 / 22 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
TOGETHER FOR OUR MAJORITY POLITICAL ACTION COMMITTEE (T-OMPAC)

Mailing Address PO Box 16488

City Arlington State VA Zip Code 22215

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D60220

Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)
VICTORY IN NOVEMBER ELECTION PAC (VINEPAC)

Mailing Address 227 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contributions to Federal Committees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D60153

Date of Disbursement

02 / 15 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

152050.00